		AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED: FORM A OMB NO. (PPROVED		
	of deficiencies correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G072	B. WIN	1G _		02/08	/2008
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY. STATE, ZIP CODE		
RCMOF	WASHINGTON		1318 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL 9C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPROPERTY.	ULD BE	(X5) COMPLETION DAYE
W 000	INITIAL COMMENT	rs	W	000			
W 104	February 7, 2008, the using the full survey time of the survey vollents. Two clients retardation were section's record was healthcare services hospital at the time the survey were batefacility and at two doministrative reports. 483,410(a)(1) GOV. The governing body budget, and operational depends on observative review, the facility's	y must exercise general policy, ing direction over the facility. is not met as evidenced by: ion, interview, and record is governing body exercised direction over the facility except	w	104		2008 MAR - 19 P 1: 35	BEPARTMENT OF HEALTH BEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION
J	The finding include 1. The facility's go all problems with e investigated and n were implemented				The staff who slept during the shift was terminated on 6-05-07 All staff were on the evacuation drills. Refer to attachment # 1 (a & B) In the future the facility will ensure the problems with the evacuation drills and that the necessary corrective actimplemented on a timely manner.	inserviced nat all of re investigate	d,
	W449)	·			The new van was purchased		 2-12-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whather or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

2. The facility's governing body failed to ensure

available to ensure clients were able to participate oratory directors or providensurplier representatives signature

needed transportation and finances were

Refer to attachment #2

In the future the facility governing body will ensure that transportation is availble to ensure

(XXX) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
<u>.</u>		09G072	B. WING_		02/08	3/2008
	ROVIDER OR SUPPLIER WASHINGTON		1 .	REET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
W 104			W 104			
W 112	in active treatment 483.410(c)(2) CLIE	programing. (See W159) NT RECORDS	W 112			
	contained in the clie	ep confidential all information ents' records, regardless of the thod of the records.				
	Based on observati review, the facility fa- information contain	s not met as evidenced by: ion, interview and record alled to keep confidential all ed in each client's record, for Client #4) that resided in the			,	
	The finding include	s:				
W 114	7, 2008 at 8:43 AM for Client #4 posted protocol documents client's food texture at risk for choking a Mental Retardation interviewed on Feb information regarding protocol and to dete supposed to be posprotocol from the w protocol should not QMRP further reverposted inside of a control to ensure Cliemaintained confide 483,410(c)(4) CLIEMATOR CLIEMATOR CONTROL #450.410(c)(4) CLIEMATOR CLIEMATOR CONTROL #450.410(c)(4) CLIEMATOR CLIEMATOR CONTROL #450.410(c)(4) CLIEMATOR CLI	NT RECORDS	W 114	All individuals' informations are kept of and unconspiciously. All staff were trained on the confident individuals' record. In the future, the facility will ensure the the individual records are kept confide	ially of the	, 2-08-08
		makes an entry in a client's t legibly, date it, and sign it.				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							
 .		09G072	B. Wir	₩ <u>. </u>		02/08	8/2008
	ROVIDER OR SUPPLIER F WASHINGTON	<u> </u>		1	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019		
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (BACH CORRECTIVE ACTION SHOUNDS REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 124	Therefore the facilit parent (if the client of the client's medicand behavioral star	age 3 ty must inform each client, is a minor), or legal guardian, cal condition, developmental tus, attendant risks of the right to refuse treatment.	W.	124			
	Based on interview failed to ensure the their legal guardian medical condition, of status, attendant ris	is not met as evidenced by: y and record review, the facility e rights of each client and/or to be informed of the client's developmental and behavioral sks of treatment, and the right t, for one of the two clients ed in the sample.					
ļ	The finding include:	S :		,			
	informed consent w	provide evidence that was obtained from Client #2 ardian for sedations given pointments.				4	
	2008, at approximal written physician or that documented the 2 mg one hour before appointment on Occreview of Client #2's at 3:43 PM revealed 2008, and February client was prescribe before her MRI on February 5, 2008, moted that interview Nurse (LPN) on February 5.	d's records on February 7, ately 2:47 PM revealed a reder (dated October 14, 2007) ne client was to receive Xanax pre her gynecological atober 17, 2007. Additional is record on February 8, 2008 and orders dated January 20, y 1, 2008, that documented the ed Xanax 2 mg one hour January 23, 2008, and respectively. It should be writh the Licensed Practical atomics of the edministered to address			The facility will ensure that a consent is obtained, and signed by the family (for those individuals who have the fainvolvement) each time the individual medical appointment requesting seda	member amily has a	2-08-08

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		09G072	B. WI	VG		02/0	8/2008
	PROVIDER OR SUPPLIER F WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY)		JLD BE	(XS) COMPLETION DATE
W 124	behaviors during m further verified that administered. Interview with the C Professional (QMR: 10:27 AM revealed capacity to give informedications and hat QMRP's statement 2008 at 1:40 PM the psychological assessions on her beautiful or unauthorized representational matters." A revealed that Client guardian but did hat the time of the state	dical appointments and the sedations were dualified Mental Retardation P) on February 7, 2008 at that Client #2 did not have the orned consent for the use of bilitation services. The was verified on February 8, rough review of Client #2's esment dated September 10, the assessment, Client #2 the capacity to make that in treatment/habilitation, are, residential placement, and additionally, the QMRP #2 did not have a legal we involved family members. Tree, however, the facility dence that informed consent the client and/or legally neative for the use of the dations. MUNICATION WITH S & tify promptly the client's of any significant incidents, or it's condition including, but not mess, accident, death, abuse, sence. In our met as evidenced by: and record review, the facility ents/guardians were notified, for one of the five clients	w		The facility will ensure that a consent is obtained, and signed by the family (for those individuals who have the fainvolvement) each time the individual medical appointment requesting seda	member amily has a	2-08-08

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		•	(X3) DATE SURVEY COMPLETED		
		09G072	B. WIN	4G		02/0	9/2008
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETION DATE
W 148	Continued From pa	ge 5	W.	148			
	The finding includes						
	investigations on Fe 9:45 AM revealed of June 1, 2007) involvinvestigated. The frevidence of the contha aforementioned of the incident reportwo more incidents August 17, 2007 and documentation revealed that the septemental of the septemental	by's incident reports and abruary 7, 2008 beginning at one allegation of abuse (dated ving Client #3 that was acility failed to provide responding incident report for allegation. Additional review rts and investigations revealed involving Client #3 dated and September 12, 2007. The ealed that on August 17, 2007, a to the hospital for hiccupping only diagnosed with having ember 12, 2007, incident lient #3 was relocated to a cliity's malfunctioning fire alarm			The stated incident dated 6-01-07 was the MCIS by the DDS nurse investigate A copy of this incident report was faxed per the surveyor request. Refer to attachment #3 In the future the facility will ensure the incident reports generated by other esent to the Department Of Health, and investigated.	or. ed to DOH at the ntities are	2-11-08
W 149	the facility's House Client #3 had an inv At the time of the si provide evidence th member (sister) wa aforementioned inc		w ·	140	Client #3 sister was informed on both Refer to attachment #3 (b)	incidents	
11 173	CLIENTS	evelop and implement written	VV	· - 3			,
	mistreatment, negle This STANDARD is	s not met as evidenced by: and record review, the facility					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G072	B. WING		02/08/2008	
·	ROVIDER OR SUPPLIER F WASHINGTON		1	TREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	NULD BE	COMPLETION DATE
W 149	policies/procedures and safety, for one that resided in the Coroland (QMR 10:16 AM was compabout the facility's in According to the Q abuse/neglect, mis unknown origin muthe Department of Operations Officer Management Cooroland's family. The followed by written Department of Healthe QMRP revealed completed, for all indocumented by stathe end of their shireview of the facility	s that ensure clients' health of the five clients (Client #3) facility. Dualified Mental Retardation RP) on February 8, 2008, at ducted to ascertain information incident management system. MRP, allegations of streatment and injuries of streatment and injuries of streatment and injuries of lealth, the facility's Chief (COO), the facility's Incident dinator (IMC) and to the emitial notification was also notification within 24 hours to alth. Continued interview with d that an incident report was incidents and when off must be completed prior to ft. It should be noted that by's incident management policy of 2007) on February 7, 2008,	W 14	The Qmrp was inserviced by the Pro Director on the incident management Refer to attachment # 4. In the future the management will er all incidents are reported as spelled of incident management policy.	t policy. Insure that	2-08-08
	investigations on F 9:45 AM revealed of June 1, 2007) involution investigated. The revidence of the corthe aforementioned the incident reports Client #3 dated Jarthe review of the informed staff that	ty's incident reports and rebruary 7, 2008 beginning at one allegation of abuse (dated lving Client #3 that was facility failed to provide responding incident report for a allegation. Further review of a revealed an incident involving huary 11, 2008. According to icident report, the client his leg was hurting him.		Refer to W. 148 P.6		-11-08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
_		09G072	B. WING _		02/0	8/2008	
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION 9HO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 149	the Department of I incident on January the incident). At the failed to provide evi management policy implemented.	rlealth was notified of the 14, 2008, via fax (3 days after time of the survey, the facility dence that its incident	W 149	In reference to the incident dated Jar the Qmrp failed to follow the incident by not reporting the incident on time. inserviced by the Program Director or incident reporting protocol. Refer to attachment # 4 In the future the facility will ensure the the incidents are reported according to	protocol He was the	2-08-08	
	CLIENTS The facility must en mistreatment, negle injuries of unknown immediately to the a	sure that all allegations of ect or abuse, as well as source, are reported administrator or to other nce with State law through		incident reporting protocol.			
	Based on interview failed to ensure that abuse/neglect and it were immediately reto other officials in a	s not met as evidenced by: and record review, the facility t all allegations of injurious of unknown source eported to the administrator or accordance with State law, for ts (Client #3) that resided in				•	
	Professional (QMR) 10:16 AM was cond about the facility's in According to the QN abuse/neglect, mist unknown origin must the Department of HOperations Officer (Management Coord	e Qualified Mental Retardation P) on February 8, 2008, at lucted to ascertain information acident management system.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G072	B. WING_		02/0	8/2008
	ROVIDER OR SUPPLIER WASHINGTON		. 1	REET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE NASHINGTON, DC 20019		`
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFIGIENCY)	JLD BE	(X6) COMPLETION DATE
W 153	followed by written in Department of Heal the QMRP revealed completed for all in documented by start the end of their shift review of the facility (revised November confirmed the QMR)	notification within 24 hours to the Continued interview with I that an incident report was cidents and when if must be completed prior to the It should be noted that 's incident management policy 2007) on February 7, 2008, P's statements.	W 153	Refer to W 149 P.8		2-08-08
-	investigations on Fe 9:45 AM revealed a involving Client #3 of According to the revealed in the client informed staff. The client was assess subsequently taken further evaluation, incident report failed facility's administrate and revealed the Donotified of the Incide fax (3 days after the survey, the facility facili	cility's incident reports and ebruary 7, 2008 beginning at in injury of unknown origin lated January 11, 2008. View of the incident report, the fithat his leg was hurting him. essed by the nurse and was to the emergency room for Continued review of the dito provide evidence that the or was notified of the incident epartment of Health was ent on January 14, 2008, via a incident). At the time of the ailed to provide evidence that incidents were reported as		Refer to W 149 P.8	•	2-11-08
	Investigations on Fe 9:45 AM revealed of June 1, 2007) involvinvestigated. The fi	cility's incident reports and ebruary 7, 2008 beginning at ne allegation of abuse (dated ring Client #3 that was acility failed to provide responding incident report for allegation.		Refer to W 148 P.6		2-11-08
	a nursing note date	#3's medical record revealed d December 3, 2007. The he staff reported to the nurse				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		09G072	B. WING		02/0	B/2008
	ROVIDER OR SUPPLIER WASHINGTON			REET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019	1 0220	2/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
W 153	that Client #3 fell or to him due to a very walker which pulled facility's incident rep failed to evidence a There was no evide made aware of this 483.420(d)(3) STAR CLIENTS	h his side with the walker next heavy bag hanging on the him down. Review of the ports on February 7, 2008 corresponding incident report. Incident as required. F TREATMENT OF	W 153	The Qmrp was inseviced by the Progra on the incident reporting protocol. In the future the Qmrp will ensure tha is notified each time an incident occur	administrat	2-08-08 or
	Based on interview failed to ensure that			,		
	Review of the facilitinvestigations on Fe 9:45 AM revealed a involving Client #3 of According to the revoluent informed staff. The client was assessible subsequently taken further evaluation.	y's incident reports and ebruary 7, 2008 beginning at in injury of unknown origin dated January 11, 2008. View of the incident report, the ithat his leg was hurting him. essed by the nurse and was to the emergency room for sponding investigation (dated		Refer to W 148 P. 6		2-11-08
	January 15, 2008) r home from dialysis, van. When Client # attempted to assist client was noted to	evealed that upon arriving Client #3 refused to exit the 3 exited the van, staff him into the facility, but the be verbally and physically tigation further documented				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		09G072	B. WI	NG		02/08/2008	
_	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 154	that the client fell. Investigation reveal facility were solicite the ground due to it "Staff reported they #3 to sit in a wheek home." Other than the incident, the invitie name of any statement witnessed the inciding statement witnessed the inciding that there was no elinterviewed. Review of the Inciding February 7, 2008, normal investigation at time - Any victims on any witnesse regarding the incident at time - Any victims on any witnesse regarding the incident or other persons, all investigation. Documentary evides - Progress note - Staffing sche - Behavior progressional (QMR)	Continued review of the led additional staff from the led additional staff from the led to assist Client #3 up from the client's refusal to get up. If were able to encourage Client chair to be taken into the chair to be taken into the the staff person that reported restigation failed to document aff person that was interviewed at if necessary) or potentially ent. It should be further noted vidence that Client #3 was ent management policy on evealed a section entitled ion." According to that section, ited that the following types of a collected if relevant:	W		Currently the Qmrp is collecting the w statements from all of the staff that w during the incidents for the purpose or an investigation. The Qmrp will follow	ere present f completing the incident 08-08 t all of the	

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUI		G	(X3) DATE SURVEY COMPLETED		
		09G072	B. WIN	JG		02/0	8/2008
	ROVIDER OR SUPPLIER F WASHINGTON			1	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED T		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 154 W 158	Support Plan to add At the time of the si provide evidence the had been thorough	ation and used a Behavior dress maladaptive behaviors. urvey, the facility falled to lat the aforementioned incident	w ·	156	Currently the Qmrp is collecting the wastatement from all of the staff that was during the incidents fot the purpose of an investigation. The Qmrp will follow protocol. In the future the Qmrp will ensure that witness statements are collected as sithe incident ininvestigation.	s present f completing the incident 2-08-08 t all of the	
	to the administrator or to other officials	vestigations must be reported or designated representative in accordance with State law days of the incident.		;			
	Based on record re ensure required inv the administrator or	s not met as evidenced by: view, the facility failed to estigations were reviewed by designee within five working five clients (Clients #2 and #3 facility.					
	The finding include:	5:					
	Investigations on Fe 9:45 AM, revealed evidence that the a reviewed the results	y's incident reports and abruary 7, 2008 beginning at the facility failed to provide drainistrator or designees of investigations within five incident as detailed below:					
	Client #3 informed in The client was assessubsequently taken further evaluation, investigation dated investigation was co	2008, staff reported that staff that his leg was hurting. essed by the nurse and was to the emergency room for Review of the corresponding January 15, 2008 revealed the empleted by the Qualified Professional (QMRP) and		***************************************	Refer to W 153 P. 10	2	-08-08

STATEMENT OF DEFICIENCIES AND PLAN OF GORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G072	B. WING_		02/08/	/2008
į	RÖVIDER OR SUPPLIER F WASHINGTON		1	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 156	was not reviewed by designee.	y the administrator or a	W 156			
	made involving Clie corresponding incid the investigation wa	, an allegation of abuse was nt #3. Review of the ent investigation revealed that s completed by the incident inator on August 2, 2007.		Refer to W 153 P. 10	2-	-08-08
	to run away from sta corresponding inves investigation was co	007 Client #2's fell while trying aff. Review of the stigation revealed the ompleted by the QMRP and y the administrator or a		Refer to W 153 P. 10	2-(08-08
	The corresponding	Client #2 fell in the facility. investigation was completed /as not reviewed by the esignee.		Refer to W 153 P. 10	2-(08-08
W 159	ensure that the adm	IED MENTAL	W 159			,
	integrated, coordina	treatment program must be ted and monitored by a ordation professional.				•
	Based on interview a failed to ensure that program was integra	s not met as evidenced by: and record review, the facility each client's active treatment ated, coordinated and ualified Mental Retardation				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G072	B. WING_		02/08/2008	
	ROVIDER OR SUPPLIER		STI 1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PR EFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(XS) COMPLETION DATE
W 159	Continued From pa	ge 13	W 159			
	and/or-funds were a medical appointment their formal program a. Review of Client 2008 at 12:38 PM in Support Plan (ISP) Interview with the Corresponding Indiv February 8, 2008 at had program object Client #2 will go to the done twice a month consecutive months corresponding data that on January 12, rescheduled. On January 12, rescheduled. On January 120, 2008, staff documents of the CMRP's signature of the consecution available the CMRP's signature.	d to ensure transportation available for clients go on hits and/or to participate with n objectives. #2's records on February 8, evealed the client's Individual dated October 21, 2007. MRP and review of Client #2's ridual Program Plan (IPP) on a 1:22 PM revealed the client rives including the following: the hair salon to get her hair at 100% of trials for 6 to by 9/08. Review of the collection record revealed 2008 her appointment was anuary 19, 2008, and January mented that there was no able. It should be noted that are documenting that the data		The new van was purchased Refer to attachment #2 In the future the facility governing bod ensure that transportation is availble to that the individuals participate in the a programing, and attend the medical a as scheduled.	dy will o ensure active treatm	
	collection form. Client #2 will go to to twice a month at 10 months by 9/07. Redata collection reconstance 12, 2008 her appoint January 19, 2008, a documented that the available. It should signature documented.	the nail salon to her nails done 0% of trials for 6 consecutive eview of the corresponding rd revealed that on January extment was rescheduled. On and January 20, 2008, staff ere was no transportation be noted that the QMRP's ting that the data collection present on the data collection		The new van was purchased Refer to attachment #2 In the future the facility governing bodensure that transportation is availble to that the individuals participate in the aprograming, and attend the medical agas scheduled.	dy will o ensure active treatm	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G072	B. WIN	IG_		02/08/2008	
,	ROVIDER OR SUPPLIER WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SMOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETION DATE
W 159	9 Continued From page 14		w.	159			
	verbal prompts on a consecutive months corresponding data that on January 6, 2 available for the valthere was no transpreview of the data of February 2008 revestaff documented the implemented due to be noted that the Q	collection record revealed 2008, there were keys in and on January 20, 2008, contation available. Continued collection for the month of saled that on February 3, 2008 that the program was not being "short staff." It should MRP's signature documenting tion was reviewed was present			The new van was purchased Refer to attachment #2 In the future the facility governing bodensure that transportation is availble to that the individuals participate in the aprograming, and attend the medical apas scheduled; additional the facility is estaffed. Refer to attachment #5	ly will o ensure ctive treatm opointments	
	choice with verbal p 4 trials per month for 9/07. Review of the record revealed that was no transportation program and on Fermoney available to should be noted that documenting that the	a small purchase of her prompts from staff on 3 out of par 6 consecutive months by a corresponding data collection at on January 19, 2008, there on available to implement the abruary 2, 2008, there was no implement the program. It at the QMRP's signature he data collection was ant on the data collection form.			The new van was purchased Refer to attachment #2 In the future the facility governing bodensure that transportation, and funds to ensure that the individuals participal active treatment programing, and attempt and appointments as scheduled.	ly will are availble ate in the	12-08
	February 8, 2008 at was seen by a neur According to the co-to return for follow (12, 2007). Further revealed the client's consultation was or Interview was cond Licensed Practical.	t #2's medical record on t 9:17 AM revealed the client rologist on June 21, 2007, ansultation form, the client was up services in one month (July review of the client's record is next neurological in September 26, 2007, acted with the residential Nurse (LPN)on February 8, in ascertain information as to			The new van was purchased Refer to attachment #2 In the future the facility governing bod ensure that transportation, and funfs a to ensure that individuals participate in active treatment programing, and atte medical appointments as scheduled.	ly will ire availble n the	12-08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION-NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		09G072	B. WIN	NG		02/08/2008		
	PROVIDER OR SUPPLIER OF WASHINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE	(X5) COMPLETION DATE	
W 159	2007, follow up with the LPN, the client is transportation issue. At the time of the stailed to ensure nectransportation was required medical aptreatment programs. 2. The QMRP faile the Interdisciplinary client's Individual Preceived continuous of needed intervent.	ed her scheduled July 12, in the neurologist. According to missed the appointment due to es. urvey, the facility's QMRP cessary funds and/or available to make certain opointments and active	W 1	159	The new van was purchased Refer to attachment #2 In the future the facility governing the ensure that transportation, and funct to ensure that the individuals particulative treatment programing, and a medical appointments as scheduled. Refer to W. 249 P.20	pody will ds are availab cipate in the attend the I.	2-12-08 Je 2-08-08	
	W249) 3. The QMRP failed ensure that prior to the use of more restrictive techniques, the client's record documented that programs incorporating less intrusive techniques had been attempted. (See W278)		·		Refer to W 278 P. 22	·	-01-08	
	control inappropriat an integral part of the plan that was direct reduction of and eve	d to ensure that drugs used to be behavior were used only as he client's individual program and specifically towards the entual elimination of the the drugs are employed.			Refer to W 312 P. 23	,	J-01-08	
W 189	had recommended programs and made (See W227)	d to ensure each the client's self medication administration e certain they were monitored.	W 1	189	Refer to W 227 P. 17	2'	-08-07	
	The facility must pro	ovide each employee with				, , ,		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		PLE CONSTRUCTION G	(XI) DATE SURVEY COMPLETED		
		09G072	B. WIN	1G_		02/08/2008	
·	ROVIDER OR SUPPLIER WASHINGTON			1	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATÉMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
W 189	employee to perform efficiently, and commodificiently, and commodification, and commodification, the fact employee initial and enables the employe effectively, efficient. The finding includes [Cross refer to citat ensure effective transure effectives recessarial effectives and commodification efficiently.	g training that enables the rm his or her duties effectively, spetently. s not met as evidenced by: ion, staff interview, and record lifty failed to provide each d continuing training that ree to perform his or her duties by, and competently.	W				
	Based on Interview failed to ensure that (IPP) Included object needs, for two of the #2) that resided in the findings included. The facility failed identified need regarders.	e: d to ensure Client #2's arding an objective in the ication administration was			Individual # 2 objective in the domain medication administration has been d n her IPP. Refer to attachment #6 (a) In the future the facility will ensure th ndividuals objectives for self medication	ocumented at all of the	2-08-08

		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		09G072	B. WIN	IG_		02/0:	8/2008
	ROVIDER OR SUPPLIER			13	EET ADDRESS, CITY, STATE, ZIP CODE 218 45TH PLACE, NE VASHINGTON, DC 20019	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 227	received her routing punched pills into a medication into a safetieved the cups independently constitute of Client #2 2008 at 11:24 AM reself-medication assagnoved to paradministration programmented the following interesting to the safetieves approved to paradministration programmented the following interesting to the safetieves at th	D8 at 7:07 AM Client #2 e medications. The nurse a cup and poured liquid eparate cup. Client #2	Wa	227			
	her mouth and a cuput it in her mouth." Further review of C 8, 2008 at 12:38 Pf Individual Support I 2007. The ISP had documented prografor an objective in tadministration. Re Retardation Professotes additionally fainformation regardic Client #2 relating to administration. Interview was cond February 8, 2008 to objective in self me for Client #2. At the	client #2's record on February M revealed the client's Plan (ISP) dated October 21, d a corresponding IPP that am goals and objectives except the domain of self medication view of the Qualified Mental sional's (QMRPs) monthly ailed to document any ing a program objective for		 	Individual # 2 objective in the domain medication administration has been d in her IPP. Refer to attachment #6 (a) In the future the facility will ensure th individuals objectives for self medication documented in their IPPS.	locumented at all of the	2-08-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		09G072	B. WI	NG_		02/0	B/2008
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDRESS. CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRIDEFICIENCY)	ULD BE	COMPLETION DATE
W 249	administration. 2. The facility faile identified need regardomain of self med documented in her On February 8, 200 received her routing punched pills into a dietary supplement retrieved the cups findependently constituted January 15, 2 was "a candidate for supervision." Interview was condificated January 8, 2008 to objective in self med for Client #1. At the failed to provide evic Client #1 in the donadministration. 483,440(d)(1) PRO As soon as the interview formulated a client each client must retreatment programinterventions and sand frequency to standard and frequency to stan	nain of self medication d to ensure Client #1's arding an objective in the ication administration was IPP. 8 at 8:10 AM Client #1 be medications. The nurse icup and poured a liquid into a separate cup. Client #2	W:		Individual # 1 objective in the domain medication administration has been d n her IPP. Refer to attachment #6 (b) In the future the facility will ensure the ndividuals objectives for self medication documented in their IPPS.	ocumented 2 at all of the	-08-08

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILL	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		09G072	B. WING		02/0	8/2008
	ROVIDER OR SUPPLIER F WASHINGTON		ş	TREET ADDRESS, CITY, STATE, ZIP COD 1318 45TH PLACE, NE WASHINGTON, DC 20019		
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W 249	Continued From pa	ge 19	W 24	19		
	Based on observati verification, the faci continuous active tr	s not met as evidenced by: ion, staff interview and record ility failed to provide reatment, for two of the two e. (Clients #1 and #2)				
	The findings include:					
	(IPP) dated Decemil 2008, revealed a priliving domain that in remove nail polishing estural prompts frought trails "Review of for January 2008 the	#1's Individual Program Plan ber 27, 2007 on February 8, ogram objective in the daily adicated that the client "will from her fingernails with om staff on 8/10 consecutive f the available program data rough February 2008, ogram could not be run due to g any nail polish on.		The fingernail polish has been pur the staff are implementing the the addtion individual #1 will go to the to have her nails done as describe objective.	goal; in 2 e beauty parlor	-08-08
W 252	2007 on February 8 objective in the mor indicated that the cli at least two items the prompts from staff of Review of the projection 19, 2008 the implemented due to 483.440(e)(1) PROGRAM	GRAM DOCUMENTATION omplishment of the criteria	W 25	The new van was purchased Refer to attachment #2 In the future the facility governing ensure that transportation, and fut to ensure that the individuals part active treatment programing, and medical appointments as schedule	body will nds are available icipate in the	-12-08
	specified in client Incobjectives must be a terms.	dividual program plan documented in measurable				
	THIS STANDARD IS	s not met as evidenced by:				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09 G 072	B, WI			02/0	8/2008
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019				·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ULD BE	(X6) COMPLETION DATE
W 252	Based on interview failed to collect data training programs, is sample. (Client #1) The finding includes On February 7, 200 the dining room tab offered the client ar client participated by glitter to the paper, objective revealed to an arts and crafts a sheets on February that the staff were and crafts the client was not enough rood document the afore	and record review, the facility in accordance with clients or one of the two clients in the or one of the two clients in the staff in arts and craft project. The yusing coloring and applying Review of the program that the client will participate in ctivity. Review of the data 8, 2008 at 2:42 PM revealed to document the type of arts aparticipated in, however there are on the form for the staff to mentioned information. This	W		The data sheet was revised to provide room in the form for the staff to docur type of arts and crafts individual. # 1 h participated in. Refer to attachment #7 In the future, the Qmrp will ensure the data sheet accommodates the docume the objective.	ment the nas at the	2-08-08
W 278	QMRP by the surver 483.450(b)(1)(lii) Mid CLIENT BEHAVIOR Procedures that gor inappropriate client the use of more resclient's record document incorporating the use positive techniques and demonstrated to the STANDARD is Based on interview failed to ensure that restrictive techniques	GMT OF INAPPROPRIATE Vern the management of behavior must insure, prior to trictive techniques, that the ments that programs se of less intrusive or more have been tried systematically	w:	278	·		

PRINTED: 02/22/2008

					FORM): 02/22/2008 MAPPROVED): 0938-0391
NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON SUMMARY STATEMENT OF DEACH DEFICIENCY MUST BE PREDIX TAG CEACH DEFICIENCY MUST BE PREDIX REGULATORY OR LSC IDENTIFY: W 278 Continued From page 21 intrusive techniques had been were ineffective, for one of the #2) included in the sample. The finding includes: Review of Client #2's records of 2008, at approximately 2:47 Pl written physician order (dated that documented the client was 2 mg one hour before her gyne appointment on October 17, 20 review of Client #2's record on at 3:43 PM revealed orders da 2008, and February 1, 2008, the client was prescribed Xanax 2 before her MRI on January 23, February 5, 2008. It should be interview with the Licensed Pra on February 8, 2008 revealed were administered to address medical appointments, and fur the sedations were administered interview with the House Mana February 7, 2008 at 7:58 AM a records on February 8, 2008 at 7:58 AM a	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION (X3) DATE :	SURVEY	
		09G072	B. WIN	IG _	02/	08/2008
				1	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019	
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH GORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W 278	intrusive techniques were ineffective, for #2) included in the	s had been attempted and one of the two clients (Client sample.	W 2	278		
	Review of Client #2' 2008, at approximal written physician on that documented the 2 mg one hour before appointment on Oct review of Client #2's at 3:43 PM revealed 2008, and February client was prescribe before her MRI on Jebruary 5, 2008. Interview with the Li on February 8, 2008 were administered to medical appointments.	's records on February 7, tely 2:47 PM revealed a der (dated October 14, 2007) e client was to receive Xanax re her gynecological ober 17, 2007. Additional a record on February 8, 2008 d orders dated January 20, 1, 2008, that documented the ed Xanax 2 mg one hour lanuary 23, 2008, and t should be noted that censed Practical Nurse (LPN) d revealed the medications to address behaviors during this, and further verified that			The Psychologist will develop a BSP for individua #2 addressing the behaviors during the medical examinations/ treatments. In the future the management will ensure that the less intrusive techniques have been attempte and were ineffective prior to the use of the intrusive ones.	3-01-08
	February 7, 2008 at records on February that Client #2 had a that addressed non-aggression, eloping with dysphoria. The behaviors during me	7:58 AM and review of y 8, 2008 at 2:41 PM revealed Behavior Support Plan (BSP) compliance, physical and behaviors associated and behaviors associated ere was no eldence that client adical nents were addressed prior to i.	W 3	112		
·	must be used only a	rol of inappropriate behavior as an integral part of the ogram plan that is directed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G072	B. WING		02/08/2008
	PROVIDER OR SUPPLIER F WASHINGTON		1	REET ADDRESS, CITY, STATE, ZIP COD 1318 45TH PLACE, NE WASHINGTON, DC 20019	02/08/2008 DE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
W 312	specifically towards elimination of the bare employed. This STANDARD is Based on interview failed to ensure druinappropriate behaviored part of the that was directed specifically reduction of and evidenaviors for which	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure drugs used to control inappropriate behavior were used only as an integral part of the client's Individual program plan that was directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed, for one of the two clients (Client #2) Included in the			
	2008, at approxima written physician or that documented th 2 mg one hour before appointment on Occappointment on Occappointment on Occappointment on Occappointment on Occappointment on February 5, 2008. Interview with the Lion February 5, 2008. Interview with the Lion February 8, 2008 were administered in medical appointment the sedations were Interview with the H February 7, 2008 at	2's records on February 7, ately 2:47 PM revealed a rider (dated October 14, 2007) he client was to receive Xanax ore her gynecological stober 17, 2007. Additional is record on February 8, 2008 d orders dated January 20, y 1, 2008, that documented the ed Xanax 2 mg one hour January 23, 2008, and It should be noted that icensed Practical Nurse (LPN) 8 revealed the medications to address behaviors during ints, and further verified that		The Psychologist will develop a BS #2 addressing the behaviors durin examinations/ treatments. In the future the management wil the less intrusive techniques have and were ineffective prior to the u intrusive ones.	ng the medical 3-01-08 Il ensure that been attempted

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER;			(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 312	that Client #2 had a that addressed non aggression, eloping with dysphoria. The behaviors during m	a Behavior Support Plan (BSP) -compliance, physical y and behaviors associated ere was no eldence that client edical ments were addressed prior to	W 312		!	
W 356	TREATMENT The facility must entreatment services needed for relief of	IPREHENSIVE DENTAL Isure comprehensive dental that include dental care pain and infections, and maintenance of dental	W 356			
	Based on Interview failed to ensure time obtained, for one of included in the same	·			,	
	2008 at 10:34 AM r for dental services and According to the degree required scaling and scaling was going to Once the preauthor would be scheduled (scaling). Further rathe nurse made call 2007 to find out if the obtained.	's records on February 8, evealed the client was seen on February 21, 2007. Intal consultant, the patient dipreauthorization for the obe submitted by the dentist, ization was obtained the client of for the dental service eview of the record revealed is to the dentist as late as May the preauthorization had been		Individual #2 dental appointment is so In the future, the facility nurse will en the dental treatment is completed as In the event of the pre-authorization, will follow-up by calling the dentist's ca a regular basis, and document the att	sure that scheduled. the nurse office on	4-07-08
	Continued review o	f Client #2's dental record				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		09G072	B. Win	NG _		02/0	8/2008
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	YEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 356	revealed the client of September 10, 200 performed) and Oct the extraction). The recommended scall was conducted with Practical Nurse (LP ascertain if Client # recommended scall calls were made as the preauthorization however, at the time failed to provide evit Client #2 received to service (scaling). 483.460(I)(1) DRUGRECORDKEEPING. The facility must stoconditions of security.	vas seen by the dentist on 7 (extraction of tooth #20 ober 10, 2007 (follow up after ere was no evidence that the ng was addressed. Interview the residential Licensed N) on February 8, 2008 to 2 had received the ng. The LPN verified that late as May 2007 to find out if a for the service was granted, as of the survey, the facility dence that he recommended dental as STORAGE AND ore drugs under proper by.	W		Individual #2 dental appointment is so In the future, the facility nurse will ens the dental treatment is completed as s In the event of the pre-authorization, will follow-up by calling the dentist's or a regular basis, and document the atte	sure that scheduled. the nurse ffice on	4-07-08
	Based on observation facility failed to ensurance appropriately stored five clients in the factorial facility failed to ensurance five clients in the factorial five clients in the factorial for and a factorial for Client #3, opened box contains vial of Tuberculin vato open the locked in	• • •			The facility has installed a lock and packeep the refrigerator locked at all time In the future the facility will ensure thate refrigerator containing the medication at all times.	s. at the	2-08-08

	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	ILTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	URVEY ITED
		09G072	B. WIN	G	02/0	8/2008
	ROVIDER OR SUPPLIER F WASHINGTON			STREET ADDRESS, CITY, STATE. ZIP CO 1318 45TH PLACE, NE WASHINGTON, DC 20019	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFD TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 381	amount of insulin a locked.	d that there was an excessive nd that the refrigerator was not	W 3	81		
W 393	If a facility chooses the laboratory must specified in part 49 This STANDARD i Based on interview	s not met as evidenced by: and record review, the facility	W 3:	93		
	performing glucose five clients that resi The finding include: During the entrance facility's licensed pr	conference held with the actical nurse on February 7.				
	admitted to the hos During the review of ascertain informati prior to his hospitality was a diabetic contractor reflected that fingersticks on the monitoring. Observadministration area revealed that the C. Act (CLIA) certifical February 15, 2007, the attention of the	vealed that Client #3 had been pital on January 28, 2008. If Client #3's medical record to on regarding his health status zation revealed that the client rolled by insulin. The medical the nursing staff performed client for blood sugar vation of the medication on February 8, 2008, linical Laboratory Improvement to on the wall expired on The finding was brought to LPN's present at that time, irmation will be referred to the for review,		The Lab improvement Act expired The recertification for the clinical Act has been submitted. In the future, the facility will ensubmit clinical Labs improvement. Act is clinical Labs improvement act is continue to monitor blood glucters.	Lab improvemer ure that the urrent in order	3-03-08
W 436	483.470(g)(2) SPA	Tish, maintain in good repair.	W 4	36		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		099072	B. WIN	ıe		02/0	8/2008
	ROVIDER OR SUPPLIER F WASHINGTON			1318	ADDRESS, CITY, STATE. ZIP CODE 45TH PLACE, NE SHINGTON, DC 20019	. 0210	<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y Must be preceded by full .sc identifying information)	ID PREFL TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 436	and teach clients to choices about the hearing and other and other devices	o use and to make informed use of dentures, eyeglasses, communications aids, braces,	W 4	136	,		
	Based on observation review, the facility to adaptive equipment maintained and clicinformed choices a	is not met as evidenced by: ion, interview and record failed to ensure necessary it was furnished and/or ent's were taught to make about their use, for one of the #2) included in the sample.					
	morning medication	bruary 7, 2008 during the n administration at 7:53 AM using sign language in order					
	at 4:01 PM reveale audiologist on Man corresponding con- documented that the her hearing aid. It	2's record on February 7, 2008 of the client was seen by an ch 27, 2007. According to the sultation form, the audiologist ne client should continue using should be noted that eyey, Client #2 was not hearing aid.					
	Licensed Practical 2008 at 3:35 PM to the client's hearing to the LPN, the clie was maintained at	lucted with the residential Nurse (LPN) on February 8, ascertain information about aid and its usage. According ont had two hearing aids, one the day program and one was esidential nurse's station. The		to ii thai Trai emi In t	e staff and nurses will provide the h ndividual #2 on a daily basis, and e t she keeps the device on her ear. ining was provided to individual #2 phasized the importance of the use the future the facility will ensure the vidual #2 wears her earing aid on	ensure 2 that e of the devi at	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[VW/		(X3) DATE SURVEY COMPLETED
<u>.</u>		09G072	, B. WING		02/08/2008
	PROVIDER OR SUPPLIER F WASHINGTON			REET ADDRESS, CITY, STATE, ZIP COD 1318 45TH PLACE, NE WASHINGTON, DC 20019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
W 436	nurse further revea the hearing aid in the when given to her. however, the facility that Client #2 was to	ge 27 led that the client would put le trash or would not wear it At the time of the survey, ifailed to provide evidence leing provided training using recommended hearing aid.	W 436		
W 443	483.470(i)(1)(ii) EVA	ACUATION DRILLS Id evacuation drills to ensure In all shifts are familiar with the ire protection features.	W 443		
	Based on staff inter facility's training red ensure that all persi	s not met as evidenced by: view and review of the ords, the facility falled to onnel was trained and familiar acility's fire protection			
	The finding includes	s: f the fire drill records an			
W 448	February 7, 2008, a that a drill conducte documented the foll "Fire alarm not set tuntil the fire fight(sid alarm." Interview w day revealed that he drill was user error, subsequent training	t 9:10 AM it was discovered d on July 11, 2007, owing problem during the drill: up properly. It took 20 min come and stopped the ith the QMRP on the same e felt that the problem with however when asked if on the alarm system had hat time, he indicated that raining.	W 448	All staff was inserviced on the pro- alarm panel, and procedures for to Refer to attachment #9 In the future the facility will ensur are properly trained in the fire alar trouble shouting.	ouble shouting. 2-18-08 e that staff
		estigate all problems with			
		1			·

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		09G072	B. WIN	IG_		02/01	8/2008
	ROVIDER OR SUPPLIER WASHINGTON			1.	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE VASHINGTON, DC 20019	`	
(X4) ID PREFIX TAG	(Each Deficiency	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	(X5) COMPLETION DATE
W 448	Continued From pa	ige 28	W 4	148			
·	Based on record re	s not met as evidenced by: view and interview, the facility all problems identified during					·
	The findings include	e:					
	February 7, 2008, a that on June 1, 200 encountered during that staff was "slee This stop clients from Interview with the Confessional (QMR that although he had	w of the fire drill records on at 9:10 AM, it was discovered 17 a "problem" was the drill. It was documented to before the drill was done. Or getting out on time. Qualified Mental Retardation P) on the same day, revealed to reviewed the drill report, an investigation into the			The staff who slept during the drill wa terminated on 6-05-07 Refer to attachment #1a In the future the Qmrp will ensure tha that occured during the drills are inve	at all inciden	: 5
	problem encounter documented as foll properly. It took 20 came and stopped QMRP on the same the problem with dr when asked if substitute of the problem with drawn asked asked if substitute of the problem with drawn asked asked if substitute of the problem with drawn asked if substitute of the problem with drawn asked asked if substitute of the problem with drawn asked a	7, a drill was held. The ed during the drill was ows: "Fire alarm not set up min until the fire fight[sic] the alarm." Interview with the e day revealed that he felt that fill was user error, however equent training on the alarm onducted at that time, he had been no training.			All staff was inserviced on the proper alarm panel, and procedures for troub Refer to attachment #9 In the future the facility will ensure that are properly trained in the fire alarm prouble shouting.	ole shouting. 2 nat staff	re -18-08
	2007 through Janus #2 and #3 frequent during drills. Accordated December 18 the client in an efforduring the drills. the	rills conducted from March ary 2008, revealed that Clients by refuse to leave the facility ding to the fire drill records, 5, 2007, the QMRP spoke with rit to get him to cooperate e drill record indicated that the would cooperate during the			All staff were trained on the way to even individuals who refuse, or are unconsunable to leave the facility. In the future the facility will ensure the properly trained on the problems occur during the drills.	scious and nat the staff	2-18-08

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION		DATE SURVEY COMPLETED	
		09G072	B. WI	NG_		02/0	8/2008	
	PROVIDER OR SUPPLIER F WASHINGTON			1:	REET ADDRESS, CITY, STATE, ZIP CODE 318 45TH PLACE, NE NASHINGTON, DC 20019		W 25 0 0 0	
(X4) 1D PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	7X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE	
W 448	next drill, however, December 17, 2007 the facility. The QM client who again Ind cooperate during th	during the drill held on 7, the client refused to leave MRP again spoke with the dicated that he would ne next drill, however on the January 6, 2008, Client #3	W	448				
W 449	Interview with the QMRP on the same day revealed that a "safety talk" is conducted with the client when he refuses to leave the facility. The QMRP acknowledged that the talks rarely lead to the client's cooperation during the drills. When asked if the client is allowed to remain in the facility during the drills the QMRP indicated that he was. When asked if the staff were trained in removing clients from the facility in case of emergency i.e. unconscious, non-ambulatory, etc. the QMRP indicated that they had not received training prior to the survey. 483.470(i)(2)(iv) EVACUATION DRILLS		W.	449	All staff were trained on the way to e individuals who refuse, or are uncorunable to leave the facility. In the future the facility will ensure tare properly trained on the problems occur during the drills. Refer to attachment 1 b.	nscious and that the staff	2-07-08	
	evacuation drills and This STANDARD is Based on interview failed to investigate	vestigate all problems with id take corrective action. Is not met as evidenced by: and record review the facility all problems which occurred id drills and take corrective s:						
	investigate problem such as; sleeping st fire panel or staff kn	ion W448] The facility failed to a identified during fire drills taff, problems with either the newledge on the operation of a cooperation during drills			Refer to W 443 P.28, W 448 P. 28 W 448 P.29 (1,2,3)		2-07-08	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G072	B. WIA	IG		02/0	8/2008
	ROM DER OR S UPPLIER F WASHINGTON			13	EET ADDRESS, CITY, STATE, ZIP CODE 18 45TH PLACE, NE ASHINGTON, DC 20019	`	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 449	which could pose a	ige 30 safety risk for the client and	W 4	149		- ·- ·-	
W 474	staff. 483.480(b)(2)(iii) M Food must be serve developmental leve	ed in a form consistent with the	W 4	174			
	Based on observati review, the facility for	s not met as evidenced by: ion, staff interviews and record alled to ensure each food was scribed texture for one of the ample. (Client #1)					
	The findings include	e:					
	observed eating he of Jello, a piece of	08 at 4:05 PM, Client #1 was it snack. The snack consisted cake and some juice. The of the cake, 75% of the jello					
W 488	received her breakt noted to be pureed nutritional assessm revealed that client At the time of the suprovided with a pun	08, at 7:51 AM Client #1 fast. The client's food was . Review of Client #1's lent dated December 10, 2007, is prescribed a pursed diet. lurvey, Client #1 was not leed diet. NG AREAS AND SERVICE	W 4	R II ir	All staff were in-serviced on individual Refer to attachment #10 n the future, the facility will ensure th ndividuals receive their diets as presc	nat the	2-07-08
	The facility must as manner consistent level.	sure that each client eats in a with his or her developmental					
	Based on observati	s not met as evidenced by: ion, direct care staff interviews, provided opportunities and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED		
		09G072	B. WI	NG_	<u> </u>	02/0	8/2008
	PROMDER OR SUPPLIER F WASHINGTON			1	REET ADDRESS, CITY, STATE, ZIP CODE 1318 45TH PLACE, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
W 488	encouragement for the extent of their the sample. (Clien The finding include On February 7, 20 observed eating he of Jello, a piece of client consumed a and all of the juice assistance from store of the properties of the purper feeding the client, revealed that they get her to eat, how an opportunity to fooling so. Staff stated Client "won't" and would Review of Client # dated December was a self-feeder.	r clients to feed themselves to abilities for one of two clients in t #1) es: 08 at 4:05 PM, Client #1 was er snack. The snack consisted cake and some juice. The li of the cake, 75% of the jello. Client #1 ate without aff using regular utensils. 08, at 7:51 AM Client #1 client #1 client #1 staff was observed interview with the staff sometimes feed the client to rever Client #1 was not afforded eed herself prior to the staff #1 could feed herself but "sit here and won't eat." 1's nutritional assessment 0, 2007, revealed that client At the time of the survey, afforded an opportunity to utilize	W	488	All staff were inserviced on the indivi- meal protocol according to the nutrit assessment Refer to attachment #11 In the future the facility will ensure to the staff follow the meal protocol.	ional	2-07-08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			R/CLIA MBER:	(X3) DATE SURVICED COMPLETE				
		09G072		B. WING	<u> </u>	02/08/2008		
NAME OF PROVIDER OR SUPPLIER STREET AD				ESS, CMY, S	TATE, ZIP CODE			
RCMO	WASHINGTON			H PLACE, NE BTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE		
1 000	INITIAL COMMENT	rs	1	000	····_			
l 042	from February 7, 20 A random sample of from a residential properties of from an aresidential properties of from and other findings were based home and at two difference of records, 1 3502.2(b) MEAL SI Modified diets shall (b) Planned, prepare	ure survey was conditionally through February of two residents was copulation of five residents was copulation of five residents. The side on observations in an apprograms, interview including incident repart of the as follows: The side of the conditional conditions in the conditions in the conditions including incident repart of the conditions incidents as follows: The condition incidents and incidents are conditional conditions incidents and incidents are conditional conditions in the conditions incidents in the conditions incidents inc	y 8, 2008. selected dents il urvey the group ws and a orts. REAS	1042				
	Based on observat review, the Group I Persons (GHMRP) diets were served a	met as evidenced by ion, interview and red Home for Mentally Red failed to ensure that as prescribed, for one ident #1) included in	cord etarded modified e of the					
}	The finding include	s:		,				
	observed eating he of Jello, a piece of	08 at 4:05 PM, Clienter snack. The snack cake and some juice I of the cake, 75% of	consisted	-				
Health Repu	received her break noted to be pureed nutritional assessn	08, at 7:51 AM Client fast. The client's foot. Review of Client # nent dated December t client is prescribed	od was 1's r 10,		All staff were in-serviced on individua Refer to attachment #10 in the future, the facility will ensure t ndividuals receive their diets as preso	hat the		
- N 17	MURLE TORIS OR PROVI	DER/SUPPLIER REPRESE	NTATIVE'S SIGN.		TITLE USD	DOS CATE		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		09G072		B, WING_		02/0	B/2008		
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	\	<u> </u>		
RCMO	F WASHINGTON			TH PLACE, NE GTON, DC 20019					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
1 042	Continued From page 1			1 042	•				
	dlet. At the time of the survey, Client #1 was not provided with a pureed diet.								
1 090	3504.1 HOUSEKEE	EPING		1 090					
	The Interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and senitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.								
	This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and sanitary manner.								
	The findings include	3 :							
	Coordinator during	erview with the Facili the environmental cruary 8, 2008 reveal	· 1						
I 180		etween the kitchen are even posing a potent ATIVE SUPPORT	ial trip/fall		The threshold between the kitchen and dining room floor was repaired. In the future, the facility will ensure the floor is in good condition in order to pood potential trip/fall.	nat the	2-08-08		
	Each GHMRP shall administrative supp needs of the resider Habilitation plans.	provide adequate ort to efficiently meel nts as required by the	the						
		met as evidenced by	:				:		
isalth Reoul	ation Administration			-					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED		
		09G072		B. WING_		02/01	3/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY,	STATE, ZIP CODE		
R C M OI	- Washington		1318 45TH WASHINGT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	TFD BE	(XS) COMPLETE DATE
J 180	Continued From pa Based on observati review, the GHMRF administrative supp efficiently meet the required by their ha two residents (Resi the sample. The finding includes 1. The QMRP faile identified during fire W448 and 443] 2. The QMRP faile training on the prep [See W474] 3. The QMRP faile stored under secure 4. The QMRP faile and/or funds were a medical appointme their formal program A. Review of Resid 8, 2008 at 12:38 PM	ige 2 ion, interview and reconstruction interview and reconstruction plans, for two dent #1 and #2) includent #1 and #2 includent #1 and #2 includent #1 and to ensure effectionaration of resident manual for the ensure transportation and/or to participate and/or to participate into and/or to and/or	cord equate ad to ts as vo of the aded in sed. [See ve. adeals. on was 381] tation s go on ate with February ent's	(180		a's #1 diet. hat the ribed. adlock that hes. hat the	2-07-08
	2007. Interview wit Resident #2's come Plan (IPP) on Febru revealed the reside including the follow Resident #2 will go hair done twice a m	th the QMRP and rev esponding Individual I uary 8, 2008 at 1:22 I ent had program object	et her		The new van was purchased Refer to attachment #2 In the future the facility governing bo ensure that transportation, and funds to ensure that individuals participate active treatment programing, and att medical appointments as scheduled.	dy will are available in the	-12-08 e
Health Regul STATE FOR	ation Administration M		ter.)ul (SRJC11	If continuati	on sheet 3 of 16

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G072			(X2) MULT A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF F	ROVIDER OR SUPPLIER	09G072	OTDER ADD	SECON AIST		02/0	8/2008	
B C M OF WASHINGTON 1318 457			1318 45TH	DRESS, CITY, STATE, ZIP CODE TH PLACE, NE STON, DC 20019				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETE DATE	
l 180	Continued From page 3			1180				
	that on January 12, rescheduled. On Ji 20, 2008, staff docutransportation available QMRP's signature.	collection record reviews 2008 her appointment an array 19, 2008, and imented that there was able. It should be not the documenting that wed was present on the collections.	nt was January as no ted that the data					
	done twice a month consecutive months corresponding data that on January 12, rescheduled. On Ja 20, 2008, staff docutransportation available QMRP's signature.	to the nail salon to he at 100% of trials for s by 9/07. Review of collection record reve 2008 her appointment anuary 19, 2008, and imented that there was ble. It should be not used was present on the state of the salon of the	6 the ealed nt was January as no ted that the data		The new van was purchased Refer to attachment #2 In the future governing body will ensu transportation, and funds are available to ensure that the individuals participa active treatment programing, and atte medical appointments as scheduled.	re that e ate in the	2-12-08	
	with verbal prompts consecutive months corresponding data that on January 6, 2 available for the var there was no transpreview of the data c February 2008 revestaff documented the implemented due to be noted that the Qli	collection record revisions, there were keys and on January 20, contation available. Collection for the montaled that on February at the program was rebeing "short staff." MRP's signature doction was reviewed was	ealed 2008, ontinued th of / 3, 2008 not It should	I	The new van was purchased Refer to attachment #2 In the future the facility governing bod ensure that transportation, and funds a to ensure that the individuals participa active treatment programing, and atte medical appointments as scheduled.	ly will are available ate in the	2-12-08	
ealth Pagu	choice with verbal p 4 trials per month for	ke a small purchase rompts from staff on r 6 consecutive montropy data	3 out of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDII		(X3) DATE SURVEY COMPLETED			
·····		09G072		B. WING_		02/0	8/2008	
NAME OF P	ROVIDER OR SUPPLIER			•	STATE, ZIF CODE			
RCMO	F WASHINGTON		WASHING	NGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
1180	Continued From pa	ge 4		I 180				
	2008, there was no implement the prog there was no mone program. It should signature document	vealed that on Janua transportation availa ram and on February available to implem be noted that the QN ting that the data colloresent on the data co	ble to / 2, 2008, lent the ARP's lection		The new van was purchased Refer to attachment #2 In the future the governing body will ensure that transportation, and funds a to ensure that individuals participate in active treatment programing, and atte medical appointments as scheduled.	are available n the	2-12-08	
	February 8, 2008 at resident was seen by 2007. According to resident was to return one month (July 12, resident's record remeurological consult 2007. Interview was residential Licensed February 8, 2008, a information as to what scheduled July 12, 2 neurologist. According	ent #2's medical receiver 19:17 AM revealed the part of the consultation form for follow up serving 2007). Further reviewealed the resident's lation was on Septems conducted with the I Practical Nurse (LP t 4:29 PM to ascertain the resident misses 2007, follow up with the inent due to transport	ne une 21, m, the ces in ew of the next nber 26, N)on in the esident		The new van was purchased Refer to attachment #2 In the future the governing body will ensure that transportation, and funds a to ensure that individuals participate ir active treatment programing, and atte medical appointments as scheduled.	are available n the	2-12-08	
	failed to ensure nec transportation was a	rvey, the facility's QI essary funds and/or available to make cér pointments and activ weré completed.	rtain					
	the Interdisciplinary resident's Individua residents received of	d to ensure that as so Team (IDT) formulat I Program Plan (IPP) continuous active tree d interventions and s	ted each), atment.	•	The fingernail polish has been purchase the staff are implementing the the goal addtion individual #1 will go to the beato have her nails done as described on objective.	; in 2 outy parlor	08-08	
- DA F		densure that prior to	the use					
ssim Keguli	etion Administration							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM			A BUILDIN		(X3) DATE SURVEY COMPLETED		
		09G072		B. WING		02/08	/2008
1	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADDR 1318 45TH WASHINGT	PLACE, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREPIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		(X5) COMPLETE DATE
l 180	O Continued From page 5 of more restrictive techniques, the resident's record documented that programs incorporating less intrusive techniques had been attempted. (See W278) 7. The QMRP failed to ensure that drugs used to control inappropriate behavior were used only as			1 180	The Psychologist will develop a BSP fo #2 addressing the behaviors during to examinations/ treatments. In the future the management will ensithe less intrusive techniques have bee and were ineffective prior to the use o intrusive ones.	medical sure that n attempted f the	3-01-08
	an integral part of the resident's individual program plan that was directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. (See W312) 8. The QMRP failed to ensure each the resident's had recommended self medication administration programs and made certain they		al ally imination		Refer to W 312 P.22 Refer to W 227 (1) P.17		01-08 8-08
1 203	were monitored. (S 3509.3 PERSONNE	•		l 203			
	descriptions with ea	all discuss the content och employee at the life least annually theres	peginning				
	Based on interview GHMRP failed to pr supervisor discusse descriptions with ea of their employment	met as evidenced by and record review, the revide evidence that the ed the contents of job such employee at the to the and annually therea	ne ihe beginning				
		ualified Mental Retar		·	All of the attention days in the		15.00
ealth Reput	the GHMRP's person 2008 at 1:27 PM resprovide evidence the four nurses had the	oruary 8, 2008 and re connel files on Februa. vealed the GHMRP f at three direct care s contents of their job sed with them at the	ry 7, alled to taff and		All of the staff job descriptions will be of the future, the facility will ensure the staff record are on file, and availble up	at the	-15-08

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	4G	(XII) DATE SURVEY COMPLETED	
	09G072			B. WING_		02/08/2008	
NAME OF P					STATE, ZIP CODE		
R C M OI	F WASHINGTON		1318 45TH WASHINGT	PLACE, N	E 9019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
1 203	Continued From pa	ge 6		1203			
	of their employment	t and/or annually the	reafter.				
1 206	3509.6 PERSONNE	EL POLICIES		1 206			
	annually thereafter, certification that a h performed and that	or to employment an shall provide a physi ealth inventory has b the employee's hea her to perform the re	lcian 's been alth status				
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required dutles.						
	The finding includes	5.					
	Professional on Feb the GHMRP's perso 2008 at 1:27 PM rev provide evidence th	ualified Mental Retar pruary 8, 2008 and re priner files on Februal vealed the GHMRP fr at current health cert consultants, three nu	eview of ry 7, ailed to tificates		All of the staff health certifiactes will be In the future tha facility will ensure that	all	
l 229	3510.5(f) STAFF TF	RAINING			of the staff health certifcates are on file availlable upon request.	, and	
	Each training progra limited to, the follow	am shall include, but ring:	not be				
ealth Requi	ation Administration	· · · · · · · · · · · · · · · · · · ·					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S COMPLE	
		09G072 B. WING 02/08/2		8/200 8			
NAME OF F	ROVIDER OR SUPPLIER	·	STREET ADD	RESS, CITY.	STATE, ZIP CODE	<u> </u>	912900
R C M O	F WASHINGTON		1318 45TH WASHING	I PLACE, N	IE		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	FROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	0(5) COMPLETE DATE
1 229	Continued From pa (f) Specialty areas residents to be serve	ge 7 related to the GHMRI red including, but not	P and the	l 22 9			
	to, behavior manag recreation, total con technologies;	ement, sexuality, nut nmunications, and as	rition, ssistive				The state of the s
	Based on observation review, the GHMRF effectively trained or	met as evidenced by on, interview, and rec realed to ensure stat n each resident's pre wo residents (Resident)	cord ff were scribed		All staff were inserviced on individual a Refer to attachment #10 In the future, the facility will ensure th Individuals receive their diets as prescr	at the	2-07-08
	The finding includes	ş:					
1 260	3512.1 RECORDKE PROVISIONS	EEPING; GENERAL	Ì	1 260			
		rector shall maintain ds and reports as req					
	Based on interview Home for Mentally F failed to maintain ea	met as evidenced by and record review, th Retarded Persons (G ach residents' record (Resident #1 and #2 ple.	ie Group HMRP) s, for two				
	The finding includes	5 :					
	February 8, 2008 at client's nursing assessments assessed the residential Licent February 8, 2008 at Registered Nurse (F	ent #2's medical reco 10:54 AM revealed to essment dated Septe nent was not signed led the client. Interviews ased Practical Nurse 3:08 PM revealed the RN) was contracted to sment. At the time o	the smber 5, by the sw with (LPN) on at a		The new DON is oversighting all of the and nursing record to ensure proper e In the future, the nursing department that all of the record are signed by the who made the entry.	entries. will ensure	2-07-08

	ENT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: A BUILDING B. WING			(X3) DATE SURVEY COMPLETED			
		09G072		1.		02/0	3/2008
	ROVIDER OR SUPPLIER F WASHINGTON		STREET ADD 1318 45TH WASHING	PLACE, N	STATE, ZIP CODE E 10019		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETE DATE
I 280	survey, the facility frassessment was significant to the second of the s	alled to ensure Residence as required. Juint #3's medical received a written order and though naultation. Although	ord on ler for a the	I 260	The new DON is oversighting all of th	e medical	
	physical therapy consultation. Although the physician's assistant (PA) who made the entry signed the order, the date the order was made could not be determined. Interview with the facility's LPN revealed that the entry was made on January 30, 2008, at a time when the Primary Care Physician was present, however, the PA entering the order did not date the entry as required. (See also Federal Deficiency Report Citation			and nursing record to ensure proper In the future, the nursing department that all of the record are signed by the who made the entry.	entries. : will ensure	2-07-08	
l 271	W114)	STRATIVE RECORD		J 271			
,		I maintain for each a on, at any time, the fo rds:				•	•
	descriptions either:	ds for all staff includi at the GHMRP or in a ailable upon request	a central				
	Based on interview	met as evidenced by and record review, the rovide evidence of all	he				
	The finding include:					İ	
isalih Regul	Professional (QMR	Qualified Mental Reta P) on February 8, 20 RP's personnel files of	08 and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OPERATION NUMBER 1000000000000000000000000000000000000			(X2) MULT A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED					
	<u> </u>	09G072				02/0	8/2008			
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE						
RCMO	F WASHINGTON	1	1318 45TH WASHING	TON, DC 2	0019					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION \$HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
I 271	Continued From pa	ige 9		1271	See Kwaku					
	failed to provide ev	t 1:27 PM revealed t idence of personnel r MRP, and one nurse.	ecords							
I 274	3513.1(e) ADMINIS	STRATIVE RECORD	s	1 274						
		l maintain for each at on, at any time, the fo rds:								
	(e) Signed agreeme professional service	ents or contracts for es;			,					
	Based on record re Mentally Retarded	met as evidenced by view, the Group Hom (GHMRP) failed to pr its with each of their	ne for the			;	,			
	The finding include:	s :								
	Professional on Fel the GHMRP's personal 2008 at 1:27 PM re	Qualified Mental Retal bruary 8, 2008 and re onnel files on Februa evealed the GHMRP file for its primary car	eview of ry 7, failed to		The Primary Care Physician contract is on file. In the future, the facility will ensure th clinicians' contracks are on file, and av request.	2 nat all the	-29-08			
1 379	3519.10 EMERGEN	NCIES		1379			,			
	each GHMRP shall Health, Health Faci unusual incident or interferes with a resarrangement, well to places the resident be made by telephotollowed up by written.	porting requirement in notify the Department littles Division of any devent which substantident 's health, welfolieing or in any other at risk. Such notification within	nt of other tially are, living way tion shall		•					
leaith Regula STATE FOR!	ation Administration M	·	•		SRJC11	If condnuation	sheet 10 of 16			

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF B	ROVIDER OR SUPPLIER	09G072	OTOCET ADDIS	SERE CITY	STATE ZIP CODE	02/08/2008	
	F WASHINGTON		1318 45TH WASHINGT	PLACE, N	ie	`	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE	
l 379		ige 10 urs or the next work o	ſ	I 379			
	Based on interview GHMRP failed to e Health, Health Faci notified, followed by hours, of unusual interfered with a refive residents (Resifacility.	met as evidenced by and record review, the Department littles Division was important was in a cidents that substantis health, for on ident #3) that resided	ne it of mediately vithin 24 tially ne of the				
	The finding includes: Review of the GHMRP's incident reports and investigations on February 7, 2008 beginning at 9:45 AM, revealed the facility failed to provide evidence that the Department of Health was notified of the following incidents (within 24 hours) as required:						
	investigation dated that Resident #3 wa room after hiccuppl GHMRP failed to pi corresponding includes	07, review of an incid August 21, 2007, rev as taken to the emerging. It should be note rovide evidence of the dent report that docur aforementioned incid	realed gency ed that the e mented		The incident report was completed of August 20, 07 Refer to attachment #3	on	
	investigation dated Resident #3 was ta GHMRP discovered malfunctioning. It s GHMRP failed to pi corresponding incident	, 2007, review of an i September 12, 2007 ken to an area hotel a d the fire alarm system should be noted that to rovide evidence of the lent report that docur aforementioned includes	, revealed after the m was the e mented		The incident report was completed or Refer to attachment #3	ח 9-12-07	
ealth Regul	ation Administration		****	• (3RJC11	If condition sheet 11 of 1	

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A BUILDIN		(X3) DATE SI COMPLE	
		09G072		B. WING		02/0	8/2008
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
RCMO	F WASHINGTON		1318 45TH WASHINGT	PLACE, N ON, DC 2	E 19019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	(XS) COMPLETE DATE	
1379	Continued From pa	ge 11		1 379	The stated incident dated 6-01-07 wa	s entered	
	 Review of an Incident investigation dated August 2, 2007, revealed that on June 1, 2007, Client #3 made an allegation of abuse. It should be noted that the GHMRP failed to provide evidence of the corresponding incident report that documented notifications for the aforementioned incident. 				in the MCIS by the DDS nurse investig A copy of this incident report was faxe pe rthe surveyor request. Refer to attachment #3 (a) In the future the facility will ensure the incident report generated by other ent sent to the Department Of Health, and investigated.	gator. ed to DOH at the ities is	2-11-08
	- Review of the nursing notes dated December 3, 2007 revealed that Client #3 fell on his side. The GHMRP failed to have evedence that the incident was documented and reported. At the time of the survey, the GHMRP falled to provide evidence that the Department of Health				The incident report was completed on documented 12-04-07 refer to attachment #3	was	
	was made of the aft timely manner as re	prementioned incider quired.	nts in a				
	(See also Federal D W153)	leficiency Report Cita	ation .				
1 401	3520.3 PROFESSIONS	ON SERVICES: GEN	IERAL	401			
	and evaluation, includevelopmental level services, and services.	es shall include both outling identification of le and needs, treatmoses designed to prevener loss of function by	ent ent				
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure professional services were received in a timely manner, for one of the two residents (Residents #2) included in the sample.		rvices e of the	j			·
Jacks See	The findings include	·					

NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON SIMBARY STATEMENT OF DERICISCUES (PACE) (PACE) DEFICIENCY MUST REPORT OF DERICISCUES (PACE) (PACE) DEFICIENCY MUST REPORT OF DERICISCUES (PACE) DEFICIENCY MUST REPORT OF DEFICIENCY (PACE) DEFICIENCY (PACE) DEFICIENCY MUST REPORT OF DEFICIENCY (PACE) DEFICIENCY MUST REPORT OF DEFICIENCY (PACE) DEFICIENCY (PACE) DEFICIENCY MUST REPORT OF DEFICIENCY (PACE) DEFICIENCY (PACE		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		1, ,	IPLE CONSTRUCTION	(X3) DATE BL COMPLE	JRVEY TED
PRECIN DEPROYMENT ON THE STREET ADDRESS, CITY, STATE, ZIP CODE 1318 ASTRIP FLACE, IN. WASHINGTON, DC 20019 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED THE APPROPRIATE DATE). 1401 Continued From page 12 1. Review of Resident #2's records on February 8, 2008 at 10:34 AM revealed the resident was seen for dental services on February 21, 2007. According to the dental consultant, the patient required scaling was going to be submitted by the dentist. Once the preauthorization was obtained the resident would be scheduled for the dental service (scaling). Further review of the record revealed the nurse made calls to the dentist as late as May 2007 to find out if the preauthorization had been obtained. Continued review of Resident #2's dental record revealed the Resident was seen by the dentist on September 10, 2007 (action of rotto fix #20 performed) and October 10, 2007 (follow up after the extraction). There was no evidence that the recommended scaling was adings and was establed. It is the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatment is completed as scheduled. In the ruture, the facility nurse will ensure that the dental treatm			09G072.				02/04	R/2008
## ASTH PLACE, NE WASHINGTON, DC 20019 PRETIX SUMMARY STATEMENT OF DESICIENCIES PROVIDERS FLAN OF CORRECTION PRETIX RESOLUTIONS (IN SECURITY MAY BE PRECEDED BY PULL PRETIX PRETI	NAME OF P	ROVIDER OR SUPPLIER		STREET AD(DRESS, CMY.	STATE, ZIP CODE	0200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PRÉFIX TAG REGULATORY DE ISO IDENTRYNG INFORMATION) 1401 Continued From page 12 1. Review of Resident #2's records on February 8, 2008 at 10:34 AM revealed the resident was seen for dental sarvices on February 21, 2007. According to the dental consultant, the patient required scaling was going to be submitted by the dentist. Once the preauthorization was obtained the resident would be scheduled for the dental service (scaling). Further review of the record revealed the nurse made calls to the dentist on September 10, 2007 (submitted the performed) and October 10, 2007 (follow up after the extraction). There was no evidence that the recommended scaling was addressed. Interview was conducted with the residential Licensed Practical Nurse (LPN) on February 8, 2008 to accertain if Resident #2 had received the recommended scaling. The LPN verified that calls were made as late as May 2007 to find out if the preauthorization for the service was granted, however, at the time of the survey, the facility of the preauthorization was provided as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the rure, the facility nurse will ensure that the dental treatment is completed as scheduled. In the event of the pre-authorization, the nurse will follow-the propriet as scheduled. In the event of the great propriet as scheduled. In the event of the great propriet as scheduled. In the event of the	RCMO	WASHINGTON	_	1318 45Th	I PLACE, N	E		
1. Review of Resident #2's records on February 8, 2008 at 10:34 AM revealed the resident was seen for dental services on February 21, 2007. According to the dental consultant, the patient required scaling and preauthorization for the scaling was going to be submitted by the dentist. Once the preauthorization was obtained the resident would be scheduled for the dental service (scaling). Further review of the record revealed the nurse made calls to the dentist as late as May 2007 to find out if the preauthorization had been obtained. Continued review of Resident #2's dental record revealed the Resident was seen by the dentist on September 10, 2007 (extraction of tooth #20 performed) and October 10, 2007 (follow up after the extraction). There was no evidence that the recommended scaling was addressed. Interview was conducted with the residential Licensed Practical Nurse (LPN) on February 8, 2008 to ascertain if Résident #2 had received the recommended scaling. The LPN verified that calls were made as late as May 2007 to find out if the preauthorization for the service was greated, however, at the time of the survey, the facility falled to provide evidence that Resident #2 received the recommended calling. The LPN verified that calls were made as late as May 2007 to find out if the preauthorization for the service was greated, however, at the time of the survey, the facility falled to provide evidence that Resident #2 received the recommended calling. The LPN verified that calls are received the recommended calling the dentist softice on a regular basis, and document the attempts. Individual #2 dental appointment is scheduled. In the future, the facility nurse will ensure that the dental treatment is completed as scheduled. In the revert of the pre-authorization, the nurse will follow-up by calling the dentists office on a regular basis, and document the attempts. Individual #2 dental appointment is scheduled. In the return of the unit of the facility nurse will ensure that the dental treatment is completed as	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETE DATE
seen for dental services or February 21, 2007. According to the dental consultant, the patient required scaling and preauthorization for the scaling was going to be submitted by the dential. Once the preauthorization was obtained the resident would be scheduled for the dental service (scaling). Further review of the record revealed the nurse made calls to the dentist as late as May 2007 to find out if the preauthorization had been obtained. Continued review of Resident #2's dental record revealed the Resident was seen by the dentist on September 10, 2007 (extraction of tooth #20 performed) and October 10, 2007 (follow up after the extraction). There was no evidence that the recommended scaling was addressed. Interview was conducted with the resident #2' had received the recommended scaling. The LPN verified that calls were made as late as May 2007 to find out if the preauthorization for the service was greated, however, at the time of the survey, the facility falled to provide evidence that Resident #2' received the recommended dental service (scaling). (See also Federal Deficiency Report Citation W356) 1422 Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's individual Habilitation Plan. This Statute is not met as evidenced by:	I 401	Continued From pa	ge 12		I 401	•		
revealed the Resident was seen by the dentist on September 10, 2007 (extraction of tooth #20 performed) and October 10, 2007 (follow up after the extraction). There was no evidence that the recommended scaling was addressed. Interview was conducted with the residential Licensed Practical Nurse (LPN) on February 8, 2008 to ascertain if Resident #2 had received the recommended scaling. The LPN verified that calls were made as late as May 2007 to find out if the preauthorization for the service was granted, however, at the time of the survey, the facility failed to provide evidence that Resident #2 received the recommended dental service (scaling). (See also Federal Deficiency Report Citation W356) 1422 Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan.		8, 2008 at 10:34 AM seen for dental sen According to the de required scaling an scaling was going to Once the preauthor resident would be s service (scaling). Frevealed the nurse late as May 2007 to	If revealed the reside vices on February 21 intal consultant, the p d preauthorization for the submitted by the ization was obtained incheduled for the der further review of the made calls to the de- offind out if the	ent was l, 2007. patient or the e dentist. I the ntal record		In the future, the facility nurse will en the dental treatment is completed as In the event of the pre-authorization, will follow-up by calling the dentist's o	sure that scheduled. the nurse office on	4-07-08
Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan. This Statute is not met as evidenced by:		revealed the Reside September 10, 200 performed) and Octhe extraction). The recommended scale was conducted with Practical Nurse (LP ascertain if Resider recommended scales were made as the preauthorization however, at the time falled to provide eviceived the recommended (scaling). (See also Federal Description of the second scale of the secon	ent was seen by the a 7 (extraction of tooth tober 10, 2007 (followere was no evidence ing was addressed. If the residential Licer N) on February 8, 20 at #2 had received thing. The LPN verifies late as May 2007 to a for the service was a of the survey, the fedence that Resident mended dental service.	dentist on a #20 w up after that the interview need 208 to be do that find out if granted, acility #2 ice		In the future, the facility nurse will en the dental treatment is completed as In the event of the pre-authorization, will follow-up by calling the dentist's o	sure that scheduled. the nurse office on	4-07-08
		Each GHMRP shall and assistance to n the resident 's India This Statute is not	provide habilitation, esidents in accordan vidual Habilitation Ple	training ce with an.	1 422	·		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN		(CG) DATE SURVEY COMPLETED		
		09G072		b. WING_		02/0	8/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, 9	STATE, ZIP CODE		_
RCMO	WASHINGTON		1318 45TH WASHING	PLACE, N			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRICED TO THE APPROPRICE OF THE A	ULD BE	(X5) COMPLETE DATE
1422	Continued From pa	ge 13		1 422			_
	Based on interview and record review, the GHMRP falled to ensure habilitation, training and assistance was provided to its residents in accordance with their Individual Habilitation Plan(s), for two of the two residents (Residents #1 and #2) included in the sample.						
	The finding include:	3 :					
	1. Review of Resident #1's Individual Program Plan (IPP) dated December 27, 2007 on February 8, 2008, revealed a program objective in the daily living domain that indicated that the Resident "will remove nail pollsh from her fingernails with gestural prompts from staff on 8/10 consecutive trails" Review of the available program data for January 2008 through February 2008, revealed that the program could not be run due to the resident not having any nail pollsh on.				- Refer to W 249 (1) P. 20		2-08-08
	27, 2007 on Februa program objective i domain that indicate make a purchase o she likes with verba-4 trials per month data revealed that of	ent #1's IPP dated D ary 8, 2008, revealed in the money manage ad that the Resident of at least two items the in prompts from staff " Review of the p on January 19, 2008 the implemented due	a ement "will nat she on three erogram the		Refer to W 249 (2) P. 20		2-12-08
	(See Federal Defici	ency Report Citation	W249)				
1 500	3523.1 RESIDENT	S RIGHTS		1 500			
in alth Danie	that the rights of re- protected in accord	dence director shall e sidents are observed ance with D.C. Law a applicable District an	and 2-137, this				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDIN	——————————————————————————————————————	(X3) DATE SI COMPLE	
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	Based on interview GHMRP failed to er residents rights, for (Resident #2) included The finding included The finding included The facility failed to informed consent wand/or her legal guaduring medical appointment on Octaview of Resident 2008, at approximativated documented the Xanax 2 mg one ho appointment on Octaview of Resident 2008 at 3:43 PM review of Resident 2008 at 3:43 PM review of Resident was proposed to the Resident was proposed that interview Nurse (LPN) on February 5, 2008, renoted that interview Nurse (LPN) on February 5, 2008, renoted that interview Nurse (LPN) on February 5, 2008, renoted that interview Nurse (LPN) on February 5, 2008, renoted that interview Nurse (LPN) on February 5, 2008, renoted that interview with the Q Professional (QMRI 10:27 AM revealed the capacity to give	met as evidenced by and record review, the sure the protections one of the two resided in the sample. provide evidence the association from Reardian for sedations cointments. #2's records on Februit 2:47 PM revealed er (dated October 1 a Resident was to resur before her gynecotober 17, 2007. Addited orders dated and 1, 2008, that does not be a lary 1, 2008 reveal doministered to address not be a large of the large o	the of each ents at seident #2 given ruary 7, d a 4, 2007) ceive ological itional ary 8, January cumented g one 8, and the ractical led the iss and	1 500	Refer to W 278 P. 22	3	-01-08
leaith Regul	ation Administration						

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SU COMPLET		
		09G072		1		02/08	/2008	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	•		
RCMO	WASHINGTON		1318 451H WASHINGT	TH PLACE, NE GTON, DC 20019				
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1 500	Continued From pa	ge 15		1 500	•			
	2008 at 1:40 PM the psychological asset 2007. According to "does not evidence decisions on her be on going medical confinancial matters." A revealed that Resid guardian but did hat the time of the stailed to provide evides obtained from authorized representationed seconds.	was verified on February rough review of Resistent dated Septer the assessment, Rethe capacity to make the capacity to make the residential place Additionally, the QMR lent #2 did not have a ve involved family murvey, however, the fidence that informed the resident and/or lentative for the use of dations.	dent #2's nber 10, ssident #2 silitation, ment, and RP a legal embers, acility consent egally the		Refer to W 124 P.4		-08-08	
1 999	FINAL OBSERVAT	TONS		1 999				
	made during the su 2008. It is recomm reviewed and a det appropriate action i practices:	onmental observation invey process on Feb lended that these are emination be made to prevent potential d	ruary 8, eas be regarding eficient	,	·		·	
		ing room furniture; al range hood was heav rease.	j		The stain on the living room furniture cleaned The grease on the filter on the range half cleaned In the future, the facility will ensure the furniture, and household appliance are	nood was 2 nat the	-08-08	
lealth Regul	ation Administration			····- <u>-</u>				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BUILDII	TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY TED
		09G072		B, WING_		02/0	B/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY,	STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , ,	
RCMO	WASHINGTON		1318 45TH WASHINGT				
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R 000	000 INITIAL COMMENTS						
R 125	from February 7, 20 A random sample of from a residential period (one maile and four retardation and other findings were based home and at two described of records, in the criminal background of the criminal background of the contract worker for in all jurisdictions we employee or contract.	are survey was conditioned through February of two residents was copulation of five residents was a disabilities. The sident of the survey of the survey of the survey of the prospective empty of the prospective empty of the prospective empty of the prospective expective of the prospective expective of the prospective expective of the prospective expective expective expective expective of the prospective expective	y 8, 2008. selected dents al urvey the group ws and a orts. IREMENT sclose the byee or 7) years, ective d or	R 125			
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker had worked or resided within the seven (7) years prior to the check.				•		·
V	Interview with the Qualified Mental Retardation Professional (QMRP) and review of the personnel records on February 7, 2008, revealed that the GHMRP failed to provide evidence that criminal background checks were on file and disclosed a seven year history of all the jurisdictions where the employee resided and worked for six staff. It				All of the staff criminal background wil In the future the administration will er that all personnel record are on fil, and upon request.	nsure	3-15-08.
	101,010	ENSUPPLIENTEPRESEN	TATI ves signa	TURE	TITLE	8/3/04	(%) DATE
TATE FOR			5400		ERJC11	W chestinus	on sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
09G072				B. WING_		02/08/2008	
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R C M OF WASHINGTON 1318 457 WASHING				H PLACE, NE STON, DC 20019			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE	
R 125	Continued From page 1			R 125			
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